

FEE TRANSMITTAL

For FY 2005

Complete if Known

Application Number	10/816,213
Filing Date	April 1, 2004
First Named Inventor	Judy M. Gehman
Examiner Name	---
Art Unit	2191
Attorney Docket Number	03-1002/L13.12-0246

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 540.00

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (Please Identify): _____

☒ Deposit Account - Deposit Account Number: 12-2252 Deposit Account Name: LSJ Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	550	270	220	110	<u>0</u>
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	52	26
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	220	110
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
20	- 20 or HP = 0 x	502	= 0

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 or HP = 0 x	200	= 0

HP = highest number of independent claims paid for, if greater than 3

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	<u>0</u>	<u>0</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
0	- 100 = 0	/ 50 = 0 (round up to a whole number) x	250	= 0

4. OTHER FEE(S)

Other: **NOTICE OF APPEAL FEE**

Fee(s) Paid (\$)
\$540.00

SUBMITTED BY

Signature	/David D. Brush/	Registration No. (Attorney/Agent)	34,557	Telephone: 612-334-3222
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Name (Print/Type)	David D. Brush	Date: December 4, 2008
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